

January 2, 2003
Montana Medicaid Notice
Pharmacy Providers

Prior Authorization Updates

The following are recent changes in prior authorization requirements for various drugs. If you have any questions, please contact Provider Relations 8:00 a.m. - 5:00 p.m. Monday - Friday (Mountain time):

(800) 624-3958 In state
(406) 442-1837 Out of state

Ambien - Sonata

Payment for Zolpidem (Ambien®) or Zaleplon (Sonata®) will be authorized upon trial and therapy failure with at least **two** multiple source sleep inducing products. Requests may be authorized upon telephoned, faxed, or written request by the physician or pharmacist to the PA unit. Approvals will be for a **maximum 90 tablets per year**. Requests for Ambien® or Sonata® beyond 90 tablets per year require a physician's written request detailing the specific needs of the patient. A request form will be faxed to the physician for his/her convenience. Upon return of request form, a determination will be made for further authorization.

Disease Modifying anti-rheumatic Drugs (DMARD): Enbrel, Arava, Kineret

Prior authorizations required for Leflunomide (Arava®), Etanercept (Enbrel®) and Anakinra (Kineret®) for the treatment of rheumatoid arthritis. Payment for these products may be authorized if prescribed by a rheumatologist. If the prescriber is **not** a Rheumatologist, payment may be authorized upon receiving a completed request form indicating:

- Diagnosis of rheumatoid arthritis **and**
- Patient has had a rheumatology consult, and when. **A copy of the consult must be included.**
- Patient has had a failure with or contraindication to methotrexate alone or in combination with sulfasalazine, hydroxychloroquine or Arava®, in which case Enbrel®, Remicaid® or Kineret® may be approved either alone or in combination with Arava®.
- Kineret® may be used alone or in combination with DMARD's **other than** tumor necrosis factor (TNF) blocking agents (i.e. Enbrel®)
- Enbrel® or Remicaid® either alone or in combination with methotrexate or Arava® may be approved for **first-line treatment** in patients with moderately to severely active rheumatoid arthritis as evidenced by:
 - > 10 swollen joints
 - ≥ 12 tender joints
 - Elevated serum rheumatoid factor levels or erosions on baseline x-rays

Aggrenox

Aggrenox® (dipyridamole/aspirin) is a combination drug indicated for the prevention of recurrent stroke in patients who have experienced a transient ischemic attack or previous ischemic stroke. Payment for Aggrenox may be approved for prevention of secondary or recurrent stroke due to aspirin failure.

Vioxx

Vioxx 50mg is not recommended for chronic use, therefore, Medicaid will no longer cover Vioxx at this dose for extended periods.